DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TRENCH AND MASKED SUB-COLLECTOR IMPLANTATION

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **STRUCTURE AND METHOD FOR LATCHUP SUPPRESSION UTILIZING**

the specification of which: (check one) is attached hereto. _, as Application Serial No. _____ and was amended on □ was filed on I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56. I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s): Number Country Day/Month/Year Priority Claimed I hereby claim the benefit under Title 35, United States Code, \$ 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35. United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application: Prior U.S. Applications: Serial No. Filing Date Status

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

As a named inventor, I hereby appoint the attorneys and/or agents listed under Customer No. 29154 to prosecute this application and transact all business in the Patent and Trademark Office.

Send all correspondence to: McGinn & Gibb, PLLC, 2568-A Riva Road, Suite 304, Annapolis, Maryland 21401. Customer No. 29154 Telephone calls should be directed to McGinn & Gibb, PLLC at (410) 573-1545.

(1)	Inventor: Steven H. Voldman	
	Signature:	Date:
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(2)	Inventor: Anne E. Watson	0/5/21
	Signature: Mme Walson	Date: 9/8/04

Residence: 6 Windridge Road, Essex Junction, VT 05452

Citizenship: United States of America Post Office Address: Same as Residence

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	cification of which:	SUB-COLLECTOR	IMPLANTATION		
	is attached hereto. was filed on	, as Applicati	on Serial No.	and was amende	ed on
-	state that I have reviewed and to above.	d understand the contents of the	ne above identified specific	cation, including the claims, as	amended by any amendment
	wledge the duty to disclose ir ions, § 1.56.	nformation which is material	to the patentability of thi	s application in accordance w	ith Title 37, Code of Federal
below ar				reign application(s) for patent e having a filing date before th	or inventor's certificate listed at of the application on which
Pri	or Foreign Application(s):				
Nu	ımber	Country	Day/Month/Year	Priority Claimed	
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(1)	Inventor: Steven H. Vold Signature:	lman Ad	Date:	September S	P, 4 2004
	Residence: 75 Old Farm Citizenship: United State Post Office Address: Sar		05403		
(2)	Inventor: Anne E. Watso	n			
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